

**County of Henry  
Enterprise Zone Program  
Office Furniture, Fixtures & Equipment Investment Plan/IDA Grant Form**

**Business Information**

*(Please Type or Print)*

Name of Business: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Project Location: *(Tax Map Designation and Road or Street Name, or E-911 Structure Address if Known)*

NAICS Code(s): \_\_\_\_\_

Zoning Code(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Office Furniture, Fixtures & Equipment Tax Information**

Existing Office Furniture, Fixtures & Equipment:

FIN#: \_\_\_\_\_

Tax Account #: \_\_\_\_\_

\_\_\_\_ Year Assessment: \_\_\_\_\_ and  
Tax: \_\_\_\_\_

*Attach copy of CURRENT tax bill*

**For Office Use Only:**

Revised Office Furniture, Fixtures & Equipment:

FIN#: \_\_\_\_\_

Tax Account #: \_\_\_\_\_

\_\_\_\_ Year Assessment: \_\_\_\_\_ and  
Tax: \_\_\_\_\_

**Filer's Statement** - I hereby declare that, to the best of my knowledge and belief, the information contained in this form is true and accurate and that I am authorized to act on behalf of the business.

*Date Submitted:* \_\_\_\_\_ *Authorized Signature:* \_\_\_\_\_

**Commissioner of the Revenue**– *Verification of Office Furniture, Fixtures & Equipment Assessment and Tax*

Machinery & Tools information, assessment, and tax are correct:       Yes     No

Comments:

*Date:* \_\_\_\_\_ *Commissioner of the Revenue:* \_\_\_\_\_

**Treasurer/Central Accounting**– *Verification of Office Furniture, Fixtures & Equipment IDA Tax Grant*

Refund from this filing:    Year 1 \_\_\_\_\_    Years 2-5 \_\_\_\_\_ per year

Comments:

*Date:* \_\_\_\_\_ *Treasurer:* \_\_\_\_\_

# Enterprise Zone Investment Plan/IDA Grant Form

## Office Furniture, Fixtures & Equipment Investment Data

*Give a brief description of the project which includes information on the following points:*

<b>* List New Office Furniture, Fixtures, &amp; Equipment Placed in Service in Year _____</b>	<b>Quantity</b>	<b>Add-A Replaced-R</b>	<b>Original Cost Per Item</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Costs: \$ _____</b>			

*\* If not enough space provided attach typed list in same format and label as Exhibit "A"*

<b>** List Office Furniture, Fixtures, &amp; Equipment Taken Out of Service in Year _____</b>	<b>Quantity</b>	<b>Year Placed In Service</b>	<b>Original Cost Per Item</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Costs: \$ _____</b>			

*\*\* If not enough space provided attach typed list in same format and label as Exhibit "B"*

Current Number of Jobs: \_\_\_\_\_ Jobs To Be Retained: \_\_\_\_\_ Jobs To Be Created: \_\_\_\_\_

### **For Office Use Only: Do Not Write Below This Line:**

#### **County Administrator Review**

Meets overall goals and objectives:                       Yes                       No

Meets incentive guidelines & procedures                       Yes                       No

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ County Administrator: \_\_\_\_\_